## STATE OF MARYLAND-CERTIFICATE OF DEATH

9748

1. PLACE OF DEATH					(50)	
County Coarpling					Registration Dist. No. 6/	
	Village or City	Rue	s buo		NoSt.,v	Ward
	Length of residence in o	ity or town where	lanth assurred		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos	4.
		Vue	~	A /		us.
2	. FULL NAME	Jugu	ma 1.	Adams		
	(a) Residence: No.	·····()	(Usual piace	of abode)	St., Ward.  If nonresident give city or town and State	
-	PERSONAL AN	ND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. 3	Sex are 1. col	OR OR RACE	5. SINGLE, MARI OR DIVORCED	RIED, WIDOWED, (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Pear)	,
5a.	If married, widowed, or div HUSBANO of (or) WiFE of	orcad orline 7	t, odus	uo.	1 HEREBY CERTIFY That I attanded deceased	from
6.	DATE OF BIRTH (month, da	ay, and yaar) ${\cal U}$	rarels 5	. 1873	Viast saw her alive on segle 23 , 1937; death is	f
7.	AGE Years	Months	Oays	If LESS than	to have occurred on the date stated bove, at 250 Pm.	
	64	6	21	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	nneat
NO	8. Trade, profession, or part of work done SAWYER, BOOKKE	as SPINNER.	House	uls	De la companya della companya della companya de la companya della	****
OCCUPATION	9. Industry or business l work was done, as	n which	V		accusina	
D	SAW MILL, BANK,	etc			Theest.	
8	10. Date deceased last we this occupation (myear)	orkad at onth and		ma (years) t in this pation		
					Other Contributory Causes of importanca:	
12.	(State or country)	, 2	Jul.	••••••••••		
ER	13. NAME Nas	unal	Willen	acres.	0	
FATHER	14. BIRTHPLACE (city or t	lown)			Name of operation	
-	(State or country)	P	na.		What test confirmed diagnosis? A traday Was there an autopsy?	no
HEF	15. MAIOEN NAME / d	eorgia	Jay -	nau.	23. If daath was due to external causes (VIOLENCE) in in also the following:	
MOTHER	16. BIRTHPLACE (city or I		met.		Accident, suicide, or homicide?	
_	(State or country)	1 1	C 1		Where did injury occur? (Specify city or town, county and State)	
17.	INFORMANT (Address)	reus t	no m	1	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18.	BURIAL, CREMATION, OR		Date Sefi	267,1937	Manner of injury	
19.	UNOERTAKER R. (Addrass)	B. Ra	burg m		24. Was disease or injury in any way related to occupation of deceased? (100)	
20.	FILE Leght 16	1937	ma ma	Depen Registrar.	(Signed) (Address)	M. O.
-	4	If more	blanks are needed, a	44	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis   HECEIVEDI	1915	Attack of epilepsy	1 week ago	
Chronic interstitial rephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage 5 1037	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			10-20-	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH Carroli Que anne Village Dr City Price) Med Colombia	Registration Dist. No. 66  No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  Ods. How long in U.S. if of foreign birth? yrs. mos. ds.  If U.S. Veteran, specify WAR  St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Sa. If merried, widowad, or divorced HUSBAND of	21. DATE OF DEATH  (Day)  (Yeer)
(or) WIFE of	
6. DATE OF BIRTH (month, day, and yeer) Seft. 2 1937 7. AGE Years Months Days If LESS then I dey, . O	I last saw h
8. Treda, profession, or perticular kind of work dona, es SPINNER, SAWYER, BOOKKEPER, atc  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc  10. Deta deceased lest worked at this occupetion (month end yaar).  12. BIRTHPLACE (city or town) (State or country)	Still bigth been deadly been deadl our week  Other Contributory Causes of importence:
13. NAME   Marcent Samuel Briss of 14. BIRTHPLACE (city or town) Condand (State or country) Follows  15. MAIDEN NAME Solth Virginia Rodden  16. BIRTHPLACE (city or town) Rod (State or country)  17. INFDRMANT Solth Briss (Address)  18. BURIAL, CREMATION, OR REMOVAL	Neme of oparetion Date of
Plece Pedgres Md. Datel 1. 19.3.7.  19. UNDERTAKER (Address)  20. FILED S. 19.3.7. Wards. Registrar.	Menner of Injury  Neture of Injury  24. Wes disease or injury In eny wey related to occupetion of deceasad?  If so, specify  (Signed)  (Address)  (Address)  M. D.  (Address)  (Address)  (Address)  (Contest Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 1977	July 5, 1927	Peritonitis	3 days ago	
SIRPAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

AL	DITIONAL SPACE FOR FURTHER		
siled under	2 Filer. 10/20/32	enty & place of dest	to all / 1884
1			

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TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

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No.	
vi.	

## STATE OF MARYLAND—CERTIFICATE OF DEATH

11	9	p	6)
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0		1	1)

1. PLACE OF DEATH	9340
County Carolyne	Registration Dist. No. 6 6
	NDSt., Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred the second of t	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME of Soller / Snow	If U. S. Veteran, specify WAR.
(a) Residence: No. And Que place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEN 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWRD, OR DIVORCED (write the word)	21. DATE OF DEATH flusher 29, 1937. (Month) (Day) (Yeer)
5a. If merried, widowed, or divorced 1). alexandria Scribur foo (or) WIFE of (2) William Hury Brown - dead	22. HEREBY CERTIFY Theth attended decessed from
6. DATE OF BIRTH (month, dey, end year) October 1 185.	I last saw he elive on 19 19 19 37; deeth is said
7. AGE Yeers Months Deys If LESS than	to heve occurred on the dete steted above, et
8/ 1/ 28 1 dey,hrs	ware as follows.
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Dete decessed last worked et la	Misoselenasia yan
work was done, as SILK MILL, house  SAW MILL, BANK, etc.  10. Dete decessed last worked et  11. Total time (veers)	July Course Wileback
O 10. Dete deceesed last worked et this occupation month end year)	1
12. BIRTHPLACE (city or town) Goldshaw Ma (State or country) Coroline. Ce	Other Contributory Causes of importence:
13. NAME Jamul Sweggett  14. BIRTHPLACE (city or town) unbulown (Stete or country)	Name of operation Date of Date of What test confirmed diegnosis? Like Col June was thereon eutopsy? He
16. BIRTHPLACE (city or town)	23. If deeth wes due to externel ceuses (VIOLENCE) #II In elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
2 (Stete or country)  17. INFORMANT Makel Jouls (Address)  Madia G	Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Vision Cimeling Date (CCT 2 , 193"	Manner of Injury
19. UNDERTAKER RIJO. S Yawang Ma	24. Wes disease or injury in eny wey related to occupation of deceased?
20. FILE OCT 19 37 Sh Davis Registrar.	(Signed) M.D. (Address) M. D. (Address) M. (A
If more blanks are needed, address State Registra	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

1. PLACE OF DEATH		(13)	
County Coarseine		Registration Dist. No	62
Village or City Deseloss		No.  f death occurred in a hospital or institution, give its NAME instead of str	St.,Wa
Length of residence In city or town where dee		sds. How long in U.S. if of foreign birth?yrs.	
2. FULL NAME Basuth	Kkuey Carri	If U. S. Veteran, specify WAR	
(a) Residence No.	Deutare	St., Ward.	
PERSONAL AND STATISTIC	(Usual place of abode)	If nonresident give city or to	
	, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	3111
wale while	OR DIVORCED (write the word)	Mest Have	193. 7
5a. If merried, widowed, or divorced HUSBAND of	1/2 1.	/ //	, , , , , , , , , , , , ,
(ac) MIFFE / Maggi	pregue	22. HEREBY CERTIFY That I	ttended deceased for
6. DATE OF BIRTH (month, day, and yeer)	1.15 1858	liest saw here elive on Neft 76,	1937; deeth /s
7. AGE Yeers Months	Deys If LESS than 1 day,hrs.	to heve occurred on the date stated above, at A.m.	1
17   1	ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importar were as follows:	Date of on
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	ired Farmer.	00	
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.		Charie / Juglet Dece	va ?
SAW MILL, BANK, etc	11. Totel time (yeers)		
this occupation (month and year)	spent in this occupation		
12. BIRTHPLACE (city or town)	ine County	Other Contributory Causes of Importance:	169
(State or country)	easefland?	Dancha Greemania	Left
13. NAME  14. BIRTHPLACE (city or town)	arfall		
14. BIRTHPLACE (city or town) (State or country)	eares Panel	Name of operation  What test confirmed diagnosis? Was t	
15. MAIDEN NAME GLEANY	Teetes	23. If deeth was due to externel causes (VIOL ENCE) fill in also the	
16. BIRTHPLACE (city or town)	ρ	Accident, suicide, or homicide? Dete of Injury	
(State or country)	aregland.	Where did injury occur? (Specify city or town, county	and State)
17. INFORMANT (Address)	edirall	Specify whether injury occurred in INDUSTRY, in HOME, or in PU	BLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL	Allelaw 101	Menner of Injury	
Plan Plustain Church	Det 30, 193	Nelure of injury	
19. UNDERTAKER Q. Sieail	Lubor	24. Was disease or injury In any way related to occupation of decer	ased? Mo
(Address)	Brutger	If so, specify	
		(Signed William) Cloud	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MUDEAU V.	7			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
-				
	·			

PHYSICIANS should state Exact statement of OCCUPA.

EXACTLY.

stated

AGE should be

properly classified.

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. TION is very important.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

C	10	1	6)	
J	6	0	2	

1. PLACE OF DEATH		950	
County Caroline	<u> </u>	Registration Dist. No. 66	<b>.</b>
Village or City	ely mean)	No. St.,	Ward
Langth of residence in city or town where dea		f death occurred in a hospital or institution, give its NAME instead of street andds. How long in U.S. if of foreign birth?yrsm	
2. FULL NAME MASSA	akefine Henry	1f U. S. Veteran, specify WAR	
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (parite tha word)	21. DATE OF DEATH 1 (Month) (Day)	, 193 /Vana
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of		22.   HEREBY CERTIFY, That I attended	(Year) decaased from
6. DATE OF BIRTH (month, day, end year)	7 1866		
7. AGE Years Months	Days If LESS than	to have occurred on the date stated abova, at 4,00 Pm.	
7/ ?	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importanca ware as follows:	10:1:
8 Trada, profession, or perticuler kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	abover-	unknown	Date of onset
A Industry or business in which work wes dona, as SILK MILL, SAW MILL, BANK, atc	11. Total time (yaers)	hobobly yeart disease	
this occupation (month and year)	spent in this occupation	Other Contributory Canses of Importance;	-
12. BIRTHPLACE (city or town)	ymis		-
13. NAME Juliestin	Henry		
14. BIRTHPLACE (city of town) Living (State or country)	ton soft	Neme of operation Oats of	
(State of Country)	1 - 1 - 1	Whet tast confirmed diagnosis? MANN Was there an	
15. MAIOEN NAME CLASSIFICATION 16. BIRTHPLACE (city or town)	Brown	23. If death wes due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?	
(Stata or country)		Where did Injury occur?	
17. INFORMANT ALLE ALLE ALLE ALLE ALLE ALLE ALLE ALL	Drown System	(Specify city or town, county and States) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL Place Heury Luryng	Data Cal 1 , 1937	Manner of injury	
19. UNOERTAKER RB Rau	elwejs	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 24. 19. 3.7	Wilcons Registrat.	(Signad) Jeffer (Address) (Address) (Address)	M. D.
If more bla		241 I. Charles Street, Baltimore, Requesting U.S. No. 1.	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago
	and the second		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state

OCCUPA-

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1. PLACE OF DEATH County Coars

Village or Oity

-WRITE

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V. S. No. 1

REMOVAL

18. BURIAL, CREMATION

(Address)

19. UNDERTAKER

Ward.	ran, specify WAR		10.
MEDICAL		dent give city or town	
1. DATE OF DEAT			
	(Month)	(Day)	, 193(Year)
2. I HERE  Man delive on to have occurred on the date	,1957, to	IFY, That I attended to the state of the sta	ded deceesed from 1937 ; death is seid
The PRINCIPAL CAUSE OF I		causes of importance	
were as follows:	TELLO,		Date of oneet
Lauren o	7 05 m	inch	Md 193
Other Contributory Causes of	Importance:		
Neme of operation What test confirmed diegnosis			en autopsy?
3. If deeth was due to externa	7		
Accident, suicide, or homicide	e?	Date of Injury	, 19
Where did injury occur? Specify whether Injury occurr	(Specify ci	ty or town, county and n HOME, or in PUBLIC	State) PLACE.
Menner of injury			
Nature of Injury			

Registration Dist No.

If more blanks are needed, address State Registrar

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II
The principal cause of death and related causes of importance were as follows:	The principal cause of death and related causes Date of onset of importance were as follows:
Arteriosclerosis 19	5. Attack of epilepsy 1 week ago
Chronic interstitial nephritis	Run over by street car 1 week ago
Cerebral hemorrhage 19 July 5,	1997 Peritonitis 3 days ago
OCT 3 S.	
Other contributory causes of importance:	Other contributory causes of importance:
Gallstones May 1.	1923 Gastroenteritis 1 year

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-TARGIN RESERVED FOR BINDING

AGE should be stated EXACTLY.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

V. S. No. 1

Y. PHYSICIANS should state Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	LAND	- III	DEATH
County Caroline		Reg	istration Dist. No. 6/
Village or City Goldstoro		No.	St., Ward
Length of residence in city frown where death occurred	yrsmos	ds. How long in U.S. if of foreign	birth?ds.
(a) Residence: No. Jolefstown (Usual place of	ed Ho and abode)	St., Ward.	WAR
PERSONAL AND STATISTICAL PARTIC	ULARS	MEDICAL CERTIF	FICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED OR DIVORCED OR DIVORCED	(write the word)	21. DATE OF DEATH	(1) (3) 193 7 h) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of			
(or) WIFE of	Al gent and	22. HEREBY CE	RTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Marsh	30 1937	I last saw have alive on	1937 : death is sain
7. AGE Years Months Days	If LESS than	to have occurred on the date steted above.	11.30
- 5 13	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and rewere as follows:	elated causes of importance
8 Trade profession or particular		10.00	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		10 1	10 9/-1
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked et this occupation (month and		Cleula Josha	eulent, c / 9/37
- I this ecoapation (month and	e (years) in this ation		
12. BIRTHPLACE (city or town) A Polytonia (State or country)	2	Other Contributory Causes of importance:	
	31-11-	-	
E A CHICLES	Mille	January Samuel	
Y 14. BIRTYPLACE (city or town)	. 0	Name of operation————————————————————————————————————	Date of
E 15. MAIOEN NAME	10him	23. If deeth was due to external causes (V10	
15. MAIOEN NAME  16. BIRTHPLACE (city or town)			Date of Injury
E (State or country) Maryla	e I	Where did Injury occur?	
17. INFORMANT Man John R. H.	y fec	(Specify whether injury occurred in INDUS	cify city or town, county and State) TRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Placellering Constitute Date   Date	14 37	Manner of injury	
19. UNDERTAKER Likes S. July les J.	atheo)	Nature of injury 24. Was disease or injury in the way relate	d to occupation of deceased?
20. FILED Sept. 1937. A. Mae	Pappin	If so, specify (Signed)	Streen for M. S
	Kegistrar.	(Address)	with willing

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Example I VED		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
21/10/10010/0010	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			2.010.2

# STATE OF MARYLAND—CERTIFICATE OF DEATH

sta UP/	1. PLACE OF DEATH	bo	4670	
CC	County Caroline		R	egistration Dist. No.
shour f O	Village or City Sueds ho	w	ND.	St.,Ward
S	Length of residence in city or town where death		death occurred in a norpitator institution, g	ive its NAME instead of street and number) gn birth?dsds.
Every CIANS ement		21. Kuihi		
ICI Item	2. FULL NAME Clam			fy WAR
TKD IYS sta	(a) Residence: Np.	(Usual place of abode)	St., Ward.	f nonresident give city or town and State
PH act	PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERT	IFICATE OF DEATH
LY. LEX		SINGLE, MARRIED, WIDOWED, DR DIVORCED (write the word)	21. DATE OF DEATH	T ( , 193 4 ) (Yeer)
IANE A C T sssifted	5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Orece	Kunghi.	22. HEREBY CI	ERTIFY The I attended deceased from
EX EX y cla	6. DATE OF BIRTH (month, day, end yeer)	e221856	I lest sew handslive on	9/6 , 190 ); deeth is said
IS A PI stated I properly	7. AGE Yeers Months	Deys If LESS then I dey,hrs.	to heve occurred on the date steted about The PRINCIPAL CAUSE OF DEATH end	
IS stal pro		0 ormin.	were es follows:	Date of onset
De pe of o	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	luablown	Toller.	
ould may back	Industry or business In which work wes done, es SILK MILL, SAW MILL, BANK, etc.			
K-hou	SAW MILL, BANK, etc	11 Total time (waste)		
IN E sat i	this occupation (month and 9 10	11, Total time (years) spent in this O occupetion		
FADING lied. AGE ms, so that structions	1 (		Other Contributary Causes of Importance	
ADI d. , so	12. BIRTHPLACE (city or town) (State or country)	ensey.	In Colemal	Pholosech a.
VF.	13. NAME adem & 11	wight .		u. vor auroa
Unsupply the control of the control	14. BIRTHPLACE (city or town)	A	Name of operation	
Iy s lain Se	(Stelle of Country)	Jurey,	What test confirmed diegnosis?	Was there en eutopsy?
WI sful in p	15. MAIDEN NAME Unflue	for 1	23. If deeth was due to externel ceuses (V	/IOLENCE) fill in elso the following:
Y, car 'H i	0 16. BIRTHPLACE (city or town)		Accident, sulcide, or homicide?	Dete of Injury, 19
be mp	(State or country)	12. 11.	Where did injury occur?(S	pecify city or town, county and State)
Should OF DE	17. INFORMANT Lacas	buo fud.	Specify whether Injury occurred In IND	
she she s	18. BURIAL, CREMATION, OR REMOVAL	Subject 39	Manner of Injury	
ion USI	Plece MA	ate	Nature of Injury	
WRITH Mation CAUS	19. UNDERTAKER 1 1 3 1 1 24 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	wenys.	24. Wes disease or Injury in any wey el	eted to occupetion of deceased?
B.	als par		If so, specify (Signed)	Stelles OM D
z (/)	20. FILED. 7 19	Registrar.	(Address)	Tal Sobora mix
	70 11	11 11 0 5		

ARGIN RESERVED FOR BINDING

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THE PARTY OF THE P			gt
Other contributory causes of importance:		Other contributory causes of importance:	100-201-
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PACE I	FOR FURTHI	ER STATEMENTS	BY	PHYSICIAN
---------------	--------	------------	---------------	----	-----------

STATE OF MARYLAND—CERTIFICATE OF DEATH infor-OCCUPA-1. PLACE OF DEATH pluods Jo PHYSICIANS RD. Every statement (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICUL 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED DAVORCED (write the word) PERMANENT CTL classified. 5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of EX 6. DATE OF BIRTH (month, day, and yeer) certificate. properly 7. AGE Years Months Devs If LESS than stated 1 dey,\_\_\_\_h or ..... min. 8. Trede, profession, or perticuler kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc..... THIS OCCUPATION 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc.\_\_\_\_ back pluods it may on 10. Dete deceesed last worked at 11. Totel time (years)
spent in this this occupetion (month end so that occupetion \_\_\_\_ instructions 12. BIRTHPLACE (city or town) (State or country) supplied. CAUSE OF DEATH in plain terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town) (State or country) mation should be carefully MOTHER 15. MAIDEN NAME important 16. BIRTHPLACE (city or town (Stete or country) 17. INFORMANT very (Address) 18. BURIAL -WRITE TION is 19. UNDERTAKER (Address) 8

9756

	(119)
	Registration Dist. No. 64
2	No. St. Ward
(If	death occurred in a hospital nr institution, give its NAME instead of street and number)
105.	How long In U.S. if of foreign birth?mosds.
6	S IF II S Votores and WAD 72-5
	If U. S. Veteran, specify WAR
1	Ward. Worde.
	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
	Sept 22 , 193/
-	(Month) (Dey) (Peer)
	22. I HEREBY CERTIFY That I Mended deceased from
	Sept 22 1937 to sept 22 1937
	8 0 4 5-7
_	I last saw h. 2 y elive on
	to heve occurred on the dete stated above, etm.
3.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:
	O-A- 1 1 1 1 Pate of ongot
	X In church Josephina 1927
	Acciferatale Costs B.
	Child ste strychnines siller, prescribed
	for parent by another physician
	Other Contributory Causes of importence:
-	
	Neme of operation Dete of
-	What test confirmed (lignosis) Was there en au'opsy? Was there en au'opsy?
-	23. If deeth wes due to externel causes (VIOLENCE) fill In elso the following:
	Accident, suicide, or homicide? Oscident. Date of Injury
	Where dld Injury occur?
	(Specify city or town, county and State)
	Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
	***************************************
-	Menner of Injury
/	Neture of injury
	24 Was disease or latural to say you related to securation of deceased? Auct
	24. Wes disease or Injury In any wey related to occupation of deceased?
-	If so, specify
11	(Signed) M. D.
-	(Ardress) Feclesalsung, Mg,

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Arteriosclerosis TEFCEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage OCT 6 1937	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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ERVED	VK-THIS
E S	A
ARGIN RESERVED FOR BINDING	UNFADING
	WITH
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

B.—WRITE PLA

V. S. No. 1

ord. Every item of infor-

Exact statement of OCCUPA.

	-CERTIFICATE OF DEATH	3757
1. PLACE OF DEATH	958	6
County Tearalesse	Registration Dist. No. 6	
Village or City Zear Hillshow	NoSt.,	Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and	
Length of residence in city or town where deeth occurred yrs,	osds. How long in U.S. If of foreign birth?m	osds.
2. FULL NAME Ostword Mandy	org If U. S. Veteran, specify WAR	*********
(a) Residence: No. / Killsbord	ي St., Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED.	MEDICAL CERTIFICATE OF DEATH	
weale One OR DIVORCED (write the word)	21. DATE OF DEATH	. 193 7
married	(Month) (Dey)	(Year)
5a. If merried, widowed, or divorced HUSBAND of	22. ( MHEREBY GERTIFY, July I attended	deceased from
willie Mandford.	Jeff 28 37 10 Jeff 39	19
5. DATE OF BIRTH (month, day, and year) Max 11 1901	liest saw have alive on 19	.: death is said
A.A.G.E Yeers Months Deys II LESS then	to heve occurred on the dete stated above, at	, 4554
24 4 Q I day,hrs	The PRINCIPAL CAUSE OF DEATH and lengted causes of importance	
Trede, profession, or perticular	Unnic bent Ois was ?	Date of onset
kind of work done, as SPINNER, Day Jabarn		*
Industry or business in which work wes done, es SILK MILL,		
kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Dete decessed lest worked et this occuration (month end		
10. Sete decessed lest worked et this occupation (month end yeer) occupation occupation		-
12. BIRTHPLACE (city or town) Prestore (State or country)	Other Contributory Causes of importance:	
13. NAME William Slaved ord 14. BIRTHPLACE (city or town) January		-
(Stete or country)	Neme of operation Dete of	
	Whet test confirmed diegnosis? Wes there en	eu'opsy?
15. MAIDEN NAME Zealle Faster	23. If death was due to externel ceuses (VIOLENCE) fill In also the following	
	Accident, suicide, or homicide? Date of Injury	, 19
(Stete or country)	Where did injury occur? (Specify city or town, county and Sta	te)
17. INFORMANT SUBSELLE CLAUS HOTEL	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place January Date Clet 2, 193,	Nature of injury	***************************************
19. UNDERTAKER 9. Welgel Thousand	24. Was disease at injury in any way releted to occupation of deceased?	
20. FILED 10/2 , 1937 / In All Gerry	(Signed) (Andress) (Andress)	M. D.

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OCT V.S			
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TION is very important. See instructions on back of certificate.

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AD. Every item of infor-

of OCCUPA.

Exact statement

properly classified.

pe

V. S. No. 1

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## STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	93.50
County Caroline	Registration Dist. No. 6 &
Village or City Ridgely	No. St. Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME Mary Catherine / homa	If U. S. Veteran, specify WAR
(a) Residence: No. Rear Ridgely (Usual phace of prode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed	21. DATE OF DEATH 36 , 193 7 (Month) (Dev) (Yeer)
Sa. If married, widowed, or divorced	
HUSBAND OF Fred Thomas	22, I HEREBY CERT1FY, Thet I attended deceased from, 19, to
6. DATE OF BIRTH (month, day, end yeer) obbrex, 1837	I lest saw h; deeth is seld
7. AGE Yeers Months Deys If LESS then	to have occurred on the date stated above, etm.
100 7 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importance were as follows:
9 Trade profession or particular	Date of onset
8. Trede, profession, or particular kind of work done, es SPINNER, Housekeepel	Levely
kind of work done, es SPINNER, Nousekessel SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Date decessed lest worked et this occurred ing (month and	4: 1.
SAW MILL, BANK, etc.	Myococalities you
- this occupation (month one spont in this	
yeer) occupation	Other Contributory Couses of Importence:
12. BIRTHPLACE (city or town) Juleus lown	
(State or country)	
13. NAME Charles Groce	
13. NAME Charles Groce 14. BIRTHPLACE (city or town) Maryland (State or country)	Neme of operation
15. MAIDEN NAME Nester Hines	What test confirmed diagnosis? Wes there an europsy?
<u> </u>	23. If deeth wes due to external causes (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town)  (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Silve Whittington (Address) Ridgely ma	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL	Menner of Injury
Plece Near Redgely red Bate Oct 4 1957	
19. UNDERTAKER P. B. Rawlings.	24. Was disease or injury in any wey related to occupation of deceased?
(Address) Dunsters Ind	If so, specify Carlinla Bernington
20. FILEOCOT 4., 1937 None Registrar.	Budgely md. act. Gorden M. D.
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NOV 1 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

## STATE OF MARYLAND—CERTIFICATE OF DEATH

(82-2)

should state OCCUPA-1. PLACE OF DEATH auren Village or City Jo PHYSICIANS ord. Every statement (a) Residence: (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS A PERMANENT REC 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, stated EXACTLY. OR DIVORCED (write the word) done ARGIN RESERVED FOR BINDING classified. 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Months Davs If LESS than 1 day.\_\_\_\_hrs. IS or\_\_\_\_min. 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_\_ UNFADING INK-THIS OCCUPATION be Jo back AGE should may 9 Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc..... See instructions on 10. Date deceased last worked as 11. Total time (years) this occupation (month end year) spent In this so that occupation 12. BIRTHPLACE (dity or town mation should be carefully supplied. (State or country) in plain terms, FATHER 14. BIRTHPLACE (city or town) (State or country) MOTHER TION is very important. 15. MAIDEN NAME CAUSE OF DEATH 16. BIRTHPLACE (city or town (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOV -WRITE 19. UNDERTAKER V. S. No. 1 (Address) m 20. FILED Registrar.

···•	Registration Dist. No. 6/
unstro!	No. St Ward
n where death occurred TD yrs mos	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long In U. S. If of foreign birth?
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (bonth)  (Day)  (Year)
er Tubbeil	1 HEREBY CERTIFY That I ettended deceased from 5, 1987, to Sept. 8, 1937
onths Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
NER, Housewerk	were as follows:  Date of onset
ı, <i>V</i>	Entra Dennakaje
11. Total time (years) spent in this fe occupation  Selsware	Other Contributory Canada of importance:
Hrun!	- Fancting
Delaware.	Name of operation Date of Date of Whet test confirmed diagnosis? Whet test confirmed diagnosis?
r Lugged!	23. if deeth was due to external causes (VIOLENCE) fill In also the following:
Deen md.	Accident, suicide, or homicide?
Inber !	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
no mloro sefi. 11 ,1937	Manner of injury
Karylings'	24. Was disease of injury in my way related to occupation of deceased?
L. Maw Persiew	(Signed) Legs (M. D. (Address) Legestry M. D.
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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state

stated EXACTLY. PHYSICIANS

of OCCUPA.

Exact statement

properly classified.

TION is very important. See instructions on back of certificate.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

B.—WRITE PLAKLY,

# STATE OF MARYLAND-CERTIFICATE OF DEATH

6	5 hy	10	6 %
9	1	P.S.	1.1
V	6	17	11

1. PLACE OF DEATH County Caroli			72 a	ion Dist. No. 66	
Village or City Bisky			No	St.,St.,St.,	
2. FULL NAME & harl	9 80	luand. L	llev If U. S. Veteran, specify WAR		
(a) Residence: Np.	(Usual place	of abode)	St. Ward.	dent give city or town and	
PERSONAL AND STATISTI			MEDICAL CERTIFICA	Charles of the Charle	
S. SEX Whole 4. COLOR OR RACE	5. SINGLE, MAR	RIFD, WIDOWED, D (write the word)	21. DATE OF DEATH	/ 6	, 193 / (Yeer)
e. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	100	2	22. Alagolf 15 1937 to	IFY) That I attended	
DATE OF BIRTH (month, day, end year)	1193	3	I lest saw h alive on Buff	7/6,195/	.; death is sa
7. AGE Yaars Months	Days / X	If LESS than  1 day,hrs.  ormin,	to have occurred on the date stated above, at 4.  The PRINCIPAL CAUSE OF DEATH and related ware as follows:		Data of onse
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc			Acut Lynghalic of	Euhenia	Cheg 1-19
10. Data dacaasad last worked at this occupetion (month and year)  2. BIRTHPLACE (city or town)	11. Total spa	tima (yaars) ent in this upation	Other Contributary Causes of Importance:		
(State or country)	4.				
13. NAME ake	ner				
13. NAME Ske (1) 14. BIRTHPLACE (city or town) (Stata or country)	md.	lune	Name of operation	Dete of Was there an	
15. MAIDEN NAME (Live of town) (State or country)  17. INFORMANT (Addrass)	Ind.	bett m 1.	23. If death was due to external causes (VIOLENC Accidant, suicide, or homicide?	E) fill In elso the followin  Date of Injury  ty or town, county and Sta	ig: , 19
18. BURIAL, CREMATION, OR REMOVAL PIece	Date Sep	t. 18,19.37	Mannar of Injury		
19. UNDERTAKER	Moore		24. Wes disease or Injury In any wey related to o	ccupetion of dacaased?	no
20. FILED 4- /5 , 19.3 7	www	Registrar.	(Signed) (Address)	Queston Y	us.

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9.—The industry or business in which the work was done.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis OCT 4 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 2, 1 3 7 . 2 .			
Other contributory causes of importance:		Other contributory causes of importance:	. =
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

N. BWRITE PL. (LY, WITH UNFADING INK-THIS IS A PERMANENT RE. AD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	1
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SRA	X	cla	o,
PF	I p	rly	cat
A S	ate	o be	rtifi
SIS	st	pr	cel
III	be	pe	Jo:
1	plne	nay	ack
NK	sho	it 1	n b
C I	GE	hat	us
NI	V	30 t	tion
AD.	ed.	S,	truc
NF	ppli	erm	ins
I L	Su	in t	See
III	ılly	pla	
M	refu	in	tant
LY,	ca	TH	por
	pe	EA	im
TI	plnc	FD	TION is very important. See instructions on back of certificate.
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RIT	ion	USI	Z
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 9761
1. PLACE OF DEATH	(97)
County Caralia	Registration Dist. No. 60
Village or City Laedsbero.	No. St Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME John a. Walls.	If U. S. Veteran, specify WAR
(a) Residence: No. \ Luedo bero . (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH . 16 , 193 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Quula Gralls .	22. I HEREBY CERTIPY. That I attended deceased from 1987, to Sept. 16 1937
6. DATE OF BIRTH (month, day, and year) april 11 . 1865 -	I fast saw h alive on Sept 7,1937; death is said
7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, at
	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	- A
SAWYER, BOOKKEEPER, etc	1011
work was done, as SILK MILL, SAW MILL, BANK, etc.	Sucorat & General
Solve to the second of the sec	Silver Delevor
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	
13. NAME William Walls	
13. NAME William Walls  14. BIRTHPLACE (city or town)	Name of operation
(State or country) med.	What test confirmed diagnosis lessures Was there an au'opsy?
15. MAIDEN NAME Robecca Likey.	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIOEN NAME (Ashreca Lickey)  16. BIRTHPLACE (city or town)  (State or country)  Mad	Accident, suicide, or homicide?, 19, 19, 19, 19, 19
17. INFORMANT Mrs. aura Walls. (Address) Hards burg. Mid.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Thursburg Md Date 19, 19, 19.7	Nature of Injury
19. UNDERTAKER R. By Rawlings. (Address)	24. Was disease or injury in any var related to occupation of deceased?
20. FILED 9-18, 1937 acsmite Registrar.	(Signed) Radis Transford M. D.  (Address) Present Transford M. D.
If more blanks are needed, address State Resistrar	2411 N Charles Street Beltimore Department II S No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes, Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified.

AGE should be

mation should be carefully supplied.

V. S. No. 1 ä TION is very important. See instructions on back of certificate.

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

1. PLACE OF DEATH	9350
County Caroline	Registration Dist. No. 4
Village or City Federalalara	No. 121 Mobile are st. Ward
Ang o (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred year	
2. FULL NAME James toward Wille	If U.S. Veteran specify WAR.
(a) Residence: No	St., Ward. Va S S ura, Wd If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3, SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  The control of the control o	21. DATE OF DEATH  (Month)  (Day)  (Year)
5e. If macried, widowed or divorced	
HUSBAND OF Silly Dale Williams	22. I HEREBY CERTIFY. Thet I attended decesed from
6. DATE OF BIRTH (month, day and year) May 25, 1854	1 lest sew h en elive on 9/3, 1937; deeth is seld
7. AGE Years   Months   Days   If LESS than	to heve occurred on the date stated above, at
83 3 1 1 1 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular	A-A
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chronic My Parchelle 1730
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at	/
SAW MILL, BANK, etc	
this occupation (month and year) spent in this occupation 63	Ohar Carabana Carabana Salaharahan
12. BIRTHPLACE (city or town) near Southville, my	Other Contributary Causes of Importance:
(State or country) Caroling. Co.	
13. NAME Mitchel Williams	,
13. NAME Mitchel Williams  14. BIRTHPLACE (city or town) Real Smithwells M.	Neme of operation
(State or country) Careline. Co.	What test confirmed diegnosis? Wes there en autopsy? 260
15. MAIDEN NAME Mary Elizabeth Conne	If death wes due to externel causes (VIOLENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town) American Corner	Accident, suicide, or homicide? Date of injury, 19
(State or country) Colorline Co. Yush	(Where did injury occur?(Specify city or town, county and State)
17. INFORMANT O.S. Williamson	Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) , Federale lung, mg.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Domery Date Date 1937	Nature of injury
19. UNDERTAKER & We about 1 10 4 Kg	24. Was disease or injury in eny way related to occupation of deceased?
(Address) Sederalahing, Und. R.J.	If so, specify
20 FILED Seht 6" 1937 J. J. Fram Potom	(Signed) M. D.
Registrar.	(Address) tedesaleling , Mil

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage OCT 6 1931	July 3,1927	Peritonitis	3 days ago	
Other and That I STUKEAU V.				
Other contributory causes of importance:	100000	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	